



North Coast Housing Connections

1440 Rockside Road, Suite 306, Parma, Ohio 44134

Phone (216) 661-2015 • **Fax** (216) 661-2021

Application for Financial Hardship Exemption

Date: _____

Head of Household Name (Print): _____

I am applying for an exemption to the minimum rent requirement due to the following financial hardship:
(circle one)

1. The family has lost eligibility or is awaiting an eligibility determination for federal, state or local financial assistance.
2. The family would be evicted as a result of the imposition of the minimum rent requirement.
3. The income of the family has decreased because of changed circumstances, including loss of employment, death in the family and other circumstances as determined by North Coast Housing Connections (NCHC) or HUD.

Date Hardship Began: _____

Date Hardship Expected to End: _____

Please describe the circumstances and source of the financial hardship:

Please list all third-party sources that can certify the above noted financial hardship exemption.
If possible, please attach supporting documentation pertaining to the financial hardship exemption.

Name (Print)

Address (City, State and Zip)

Phone Number

1. _____

2. _____

3. _____

I hereby understand that any misrepresentation of information or failure to disclose information on this application may disqualify me from participation in the program and may be grounds for denial of assistance or termination of assistance. I certify that all information contained on this application is true and complete to the best of my knowledge.

Head of Household Signature: _____

Date: _____

Approved By: _____

Denied By: _____

Effective Date: _____

Signature of Executive Director: _____

Date: _____